

Attorney Docket No.: JWRIGHT.008C1 Date: April 24, 2001 Page 1

REQUEST FOR CONTINUED EXAMINATION (RCE) UNDER 37 C.F.R. § 1.114

Box RC			For Patents	I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on April 24 2001 (Date)								
Application Number: Filing Date: First Named Inventor: Group Art Unit: Examiner Name:			O9/220,284 December 23, 1998 Wright, et al. 2171 Rones, C. MAY est for Continued Examination (Continued Examination) quired under 37 C.F.R. § 1.114:	CE	John M. Carson, Reg. No. 34,303							
	This is	a Requ	est for Continued Examinatione(PCE) u	nde	ler 37 C.F.R. § 1.114 of the above-id	entified						
applicat	tion.		9,	C	^{enter} 2100							
1.	Submission Required under 37 C.F.R. § 1.114:											
	()	Previously submitted:										
		() Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on .										
		0	Consider the arguments in the Appeal B	rief	f or Reply Brief previously filed on .							
	(X)	Enclos	Enclosed:									
		(X)	Amendment/Reply									
		0	Affidavit(s)/Declaration(s)	Ŧ,	04/30/2001 GTEFFERA 00000003 0922028	4						
		0	Information Disclosure Statement (IDS)	in article	01 FC:217 44	5.00 0 0						
		(X)	Return Postcard	ľ	92202 04/30/2001 GTEFFERA 00000004 092202	84						
2.	Miscell	aneous:			01 FC:231 3	55.00 OP						
	(X) for a pe		asion of action on the above-identified app months. (Period of suspension shall not of			.103(c)						
3.	Fees:											
	(X)	RCE fo	ee (\$355 small entity/\$710 large entity)	F								
	(X)	Fee for	suspension (\$130)	; F	01 FC:122 1	30.00 OP						

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- (X) Extension of Time fee:
 - One Month (\$55/\$110) ()
 - () Two Month (\$195/\$390)
 - (X) Three Month (\$445/\$890)
- (X) The fee for claims has been calculated as shown below:

CLAIMS AS FILED										
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE				
Total Claims	40	-	40	= 0 ×	\$9	= \$0				
Independent Claims	6		6	= 0 ×	\$40	= \$0				
If application has bee dependent claim(s),				\$135	= \$0					
				TOTAL ADDITIONAL CLAIM FEE FOR THIS AMENDMENT \$0						

Payment: 4.

- (X) Check in the amount of \$930 to cover the above fees.
- The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. § 1.16 and (X) § 1.17 which may be required, now or in the future, or credit any overpayment to Deposit Account No. 11-1410.

Address all future communications to Customer No. 20,995.

4/24/01 Dated:

John M. Carson Registration No. 34,303 Attorney of Record

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Technology Center 2100